

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

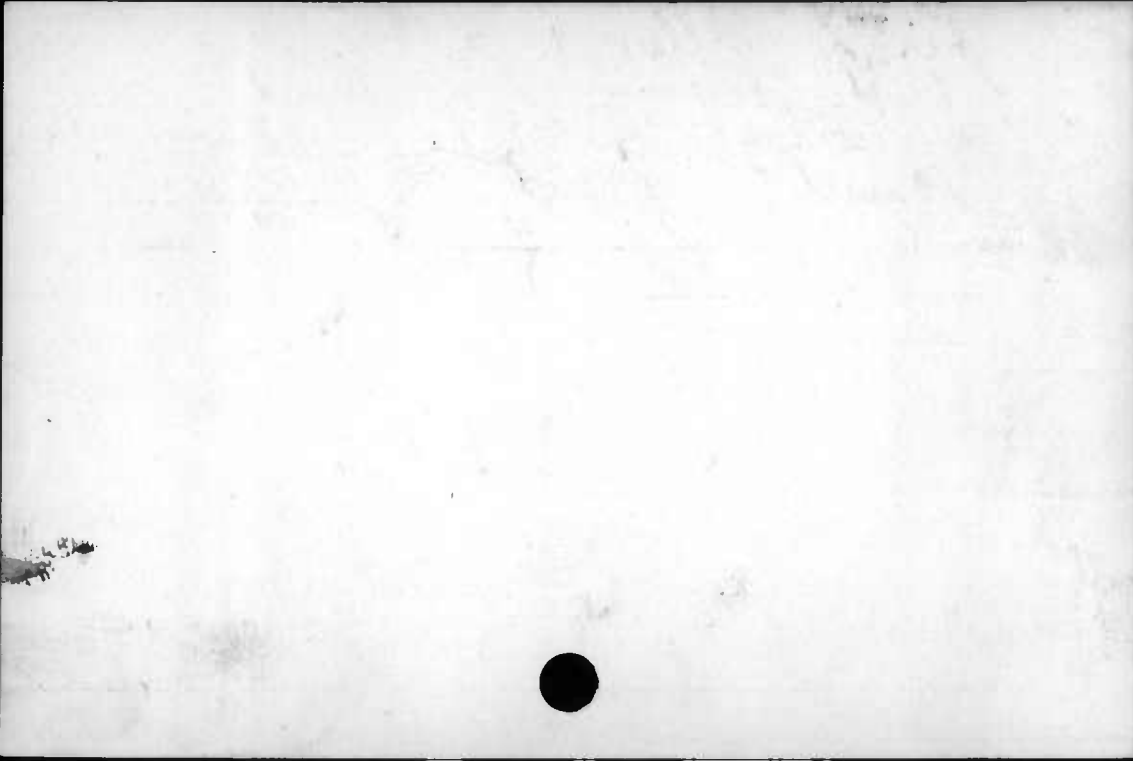
Died at <i>Port</i> Town <i>Deposits</i> County <i>Calvert</i> MARYLAND	
Date of death <i>1908</i> Month <i>May</i> Day <i>19</i> Age <i>22</i> Months <i>8</i> Days <i>9</i>	
Sex <i>Female</i> Color or Race <i>Colored</i> Birth-place <i>Port Deposits</i>	
Occupation <i>House Girl</i> Where Residing if not at place of death	
<del>Married</del> , Single or <del>Widowed</del> Name of Wife or Husband	
Father's Name <i>John H. Allen</i> Father's Birthplace <i>Principles</i>	
Mother's Maiden Name <i>Mary V. Leard</i> Mother's Birthplace <i>Port Deposits</i>	
Name of person giving information <i>Mary V. Allen</i> How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i> How long <i>12 days</i>	
Immediate <i>Heart Failure</i> How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Jackman</i>
	Address <i>Liberty Grove Md.</i>
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Decedent's Name *Unnamed Bailey* Town *Edwin* County *Edwell*  
 Died at  
 Date of death **1908** Month *May* Day *25* Age *25* Years Months Days  
 Sex *Female* Color or Race *Col* Birth-place *Edwin*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

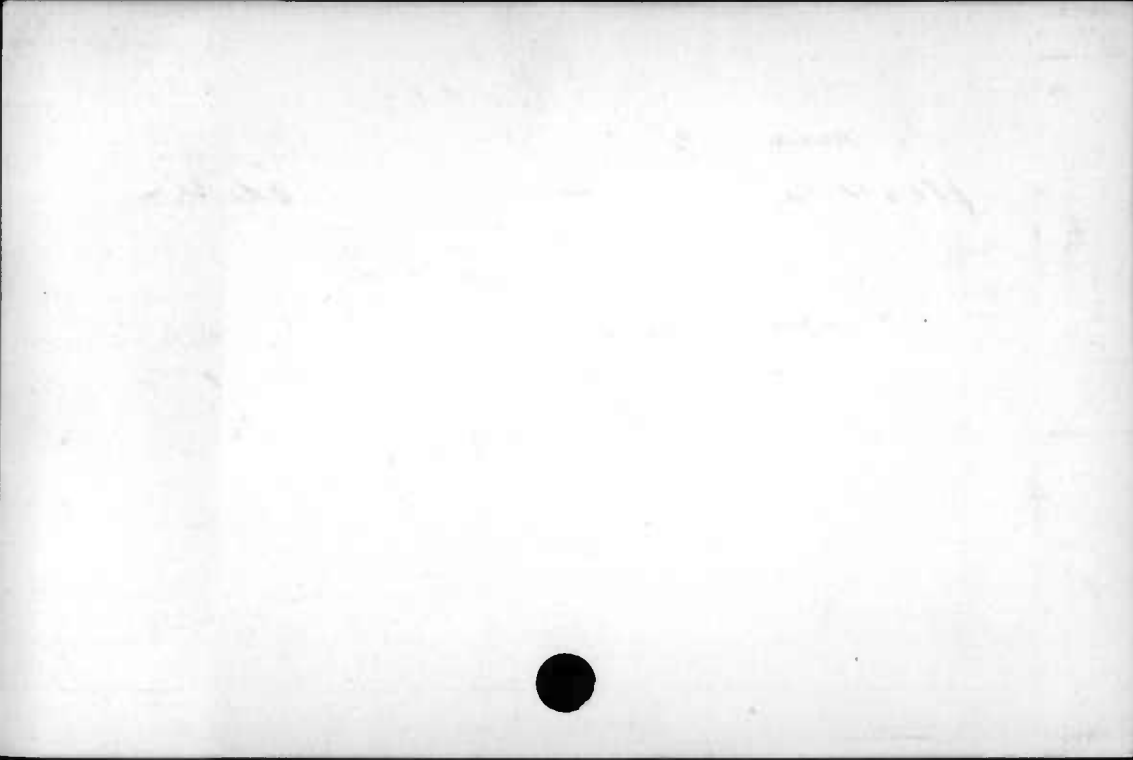
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Ross Bailey* Father's Birthplace *Ind*  
 Mother's Maiden Name *Emma Reed* Mother's Birthplace *Ind*  
 Name of person giving information *Ross Bailey* How related to deceased *Father*

CAUSES OF DEATH

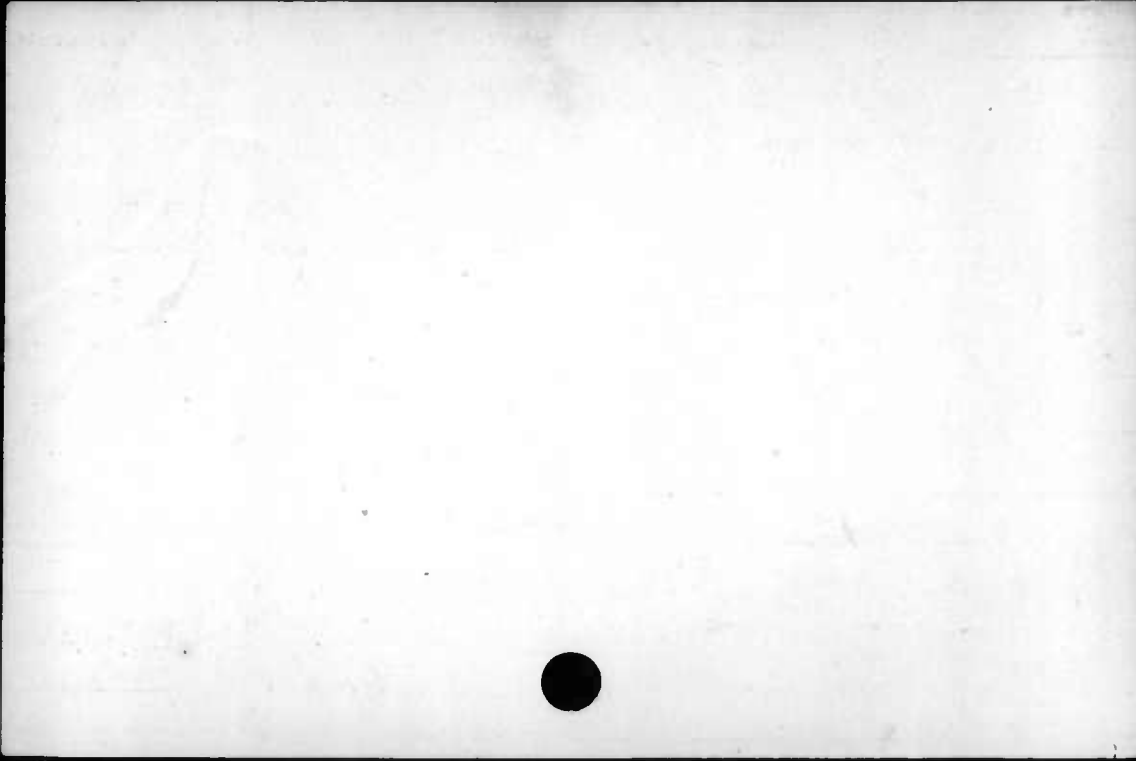
151

PHYSICIAN  
OR CORONER

Primary *Schmidt* How long \_\_\_\_\_  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm D. Cowley*  
 Address *Edwin*  
 Accident or Suicide? *Ind*



Name in Full		Emma Bailey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Elkton		County		Cecil
	Date of death		1908		Month		May
			Day		24		Age
			Years		39		Months
			Days				
	Sex		Female		Color or Race		Black
	Birthplace		Maryland		Occupation		Housewife
		Where Residing if not at place of death					
Married, Single or Widowed		married		Name of Wife or Husband		Ross Bailey	
Father's Name		Benj Reed		Father's Birthplace		Maryland	
Mother's Maiden Name		Unknown		Mother's Birthplace		Md	
Name of person giving information		Ross Bailey		How related to deceased		Husband	
		CAUSES OF DEATH		120			
PHYSICIAN OR CORONER	Primary		Bright's Disease		How long		
	Immediate		Heart Failure		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. M. Cleary
					Address		Elkton Md
	Accident or Suicide?						



Name  
in  
Full

Ellen J Broughton

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Essex* <sup>County</sup> *Calvert*Date of death <sup>Month</sup> *May* <sup>Day</sup> *11* <sup>Years</sup> *59* <sup>Months</sup> *-* <sup>Days</sup> *-*Sex *Female* Color or Race *White* Birth-place *Ind*Occupation *Generally useful* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *Henry B Broughton* Father's Birthplace *Ind*Mother's Maiden Name *Isabel S Evans* Mother's Birthplace *LI*

Name of person giving information How related to deceased

## CAUSES OF DEATH

120

Primary *Chronic nephritis* How long *Several years*Immediate *-* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. Arthur Mitchell MD*  
Address *Elkton Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Price Bucknuth

Town

County

Chesapeake City

Cecil

MARYLAND

Date

of death 1908

Month

Day

Years

Months

Days

10

14

23

Age

Years

3

4

Sex

Male

Color or  
Race

White

Birth-  
place

Chesapeake City

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Fruis Bucknuth

Father's  
Birthplace

Chesapeake City

Mother's  
Maiden Name

Mary Teller

Mother's  
Birthplace

Chesapeake City

Name of person giving  
In formation

Mary Bucknuth

How related  
to deceased

Mother

## CAUSES OF DEATH

9

Primary

Laryngeal Croup

How long

Six days

Immediate

Coma

How long

Two days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

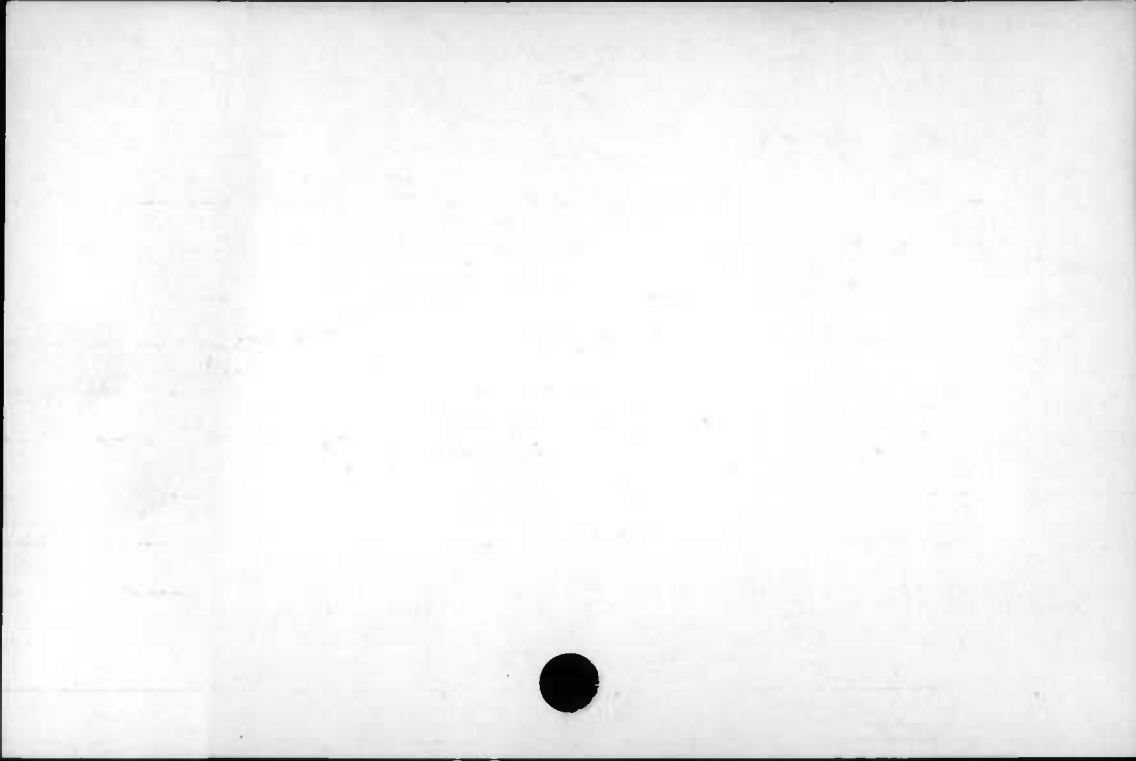
Address

T. Jackson Conner  
Chesapeake City

Accident or Suicide?

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bowlandville</i>		County <i>Bevier</i>		MARYLAND		
Date of death		1908	Month <i>May</i>	Day <i>11</i>	Age <i>74</i>	Years <i>10</i>	Months <i>3</i>	Days <i>days</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Bowlandville</i>						
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary J Davis</i>						
Father's Name <i>Jonathan Davis</i>		Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Ellickson</i>		Mother's Birthplace <i>South Carolina</i>						
Name of person giving information <i>Wm E Davis</i>		How related to deceased <i>Son</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Myocarditis</i>	How long <i>5 years</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ernest Rowland</i>
		Address <i>Liberty Grove Md</i>
Accident or Suicide? <i>No</i>		

Miss H M Kirk <sup>Resident</sup>  
Funeral the 13<sup>th</sup> 1908  
at Harmony chapel  
near Sawlandville  
J. B. Perkins



Name  
in  
Full

Robert Donaldson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

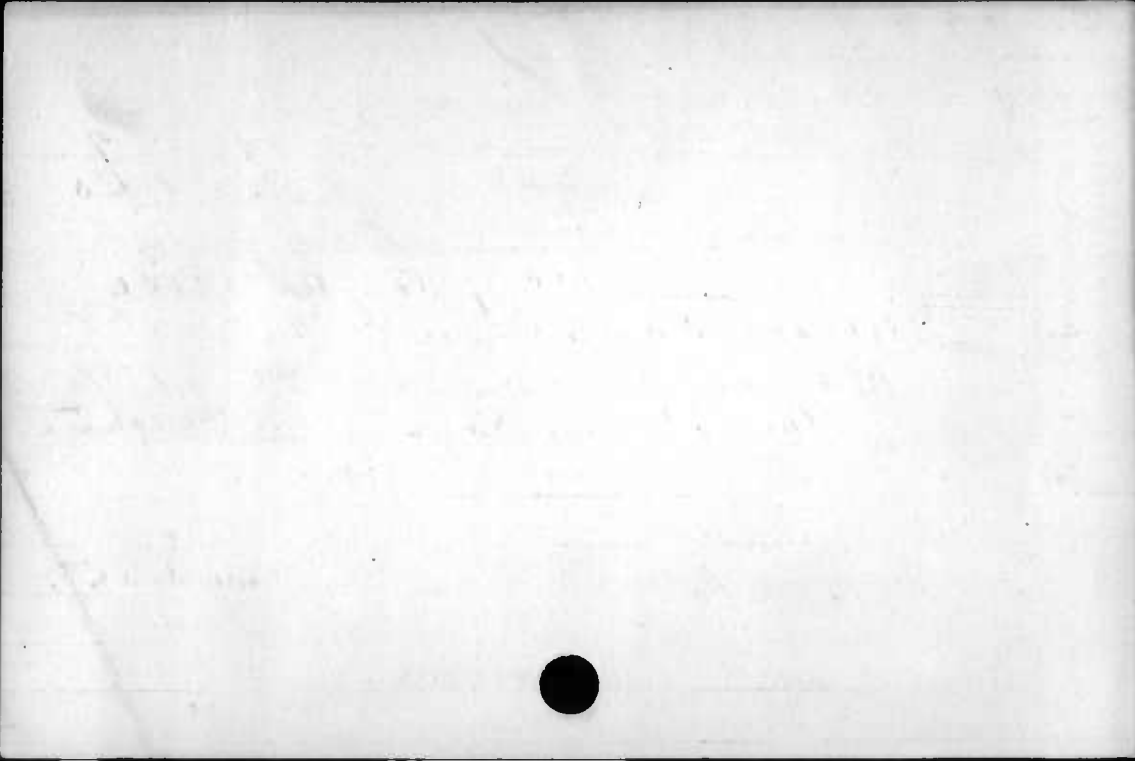
Died at <b>Robert Bridge</b>		Town <b>Bridge</b>		County <b>Cecil</b>		MARYLAND	
Date of death <b>1908</b>	Month <b>May</b>	Day <b>11<sup>th</sup></b>	Age <b>74</b>	Years <b>4</b>	Months <b>9</b>	Days <b>9</b>	
Sex <b>male</b>	Color or Race <b>white</b>		Birth-place <b>Cecil Co</b>				
Occupation <b>Bridge Tender</b>			Where Residing if not at place of death <b>Robert Bridge</b>				
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Mary Rosetta Price</b>					
Father's Name <b>William Donaldson</b>				Father's Birthplace <b>Cecil Co</b>			
Mother's Maiden Name <b>Rebecca Smith</b>				Mother's Birthplace <b>Cecil Co</b>			
Name of person giving information <b>Mrs Florence Barr</b>				How related to deceased <b>daughter</b>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Bright's Disease, Arterial Sclerosis</b>	How long <b>about 1400</b>
Immediate <b>Cardiac decompensation</b>	How long <b>Immediate</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>T. Jackson. Conroy</b>
	Address <b>Chesapeake City</b>
Accident or Suicide?	



Name  
in  
Full

Leslie England

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Aiken Town Cecil County

Date of death: 1908 Month 5 Day 22 Age 17 Years Months — Days —

Sex Male Color or Race White Birth-place U.S.

Occupation Water carrier Where Residing if not at place of death Aiken, Md.

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm B England Father's Birthplace Cecil Co

Mother's Maiden Name Addie R Derrision Mother's Birthplace " "

Name of person giving information Wm B England How related to deceased brother

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

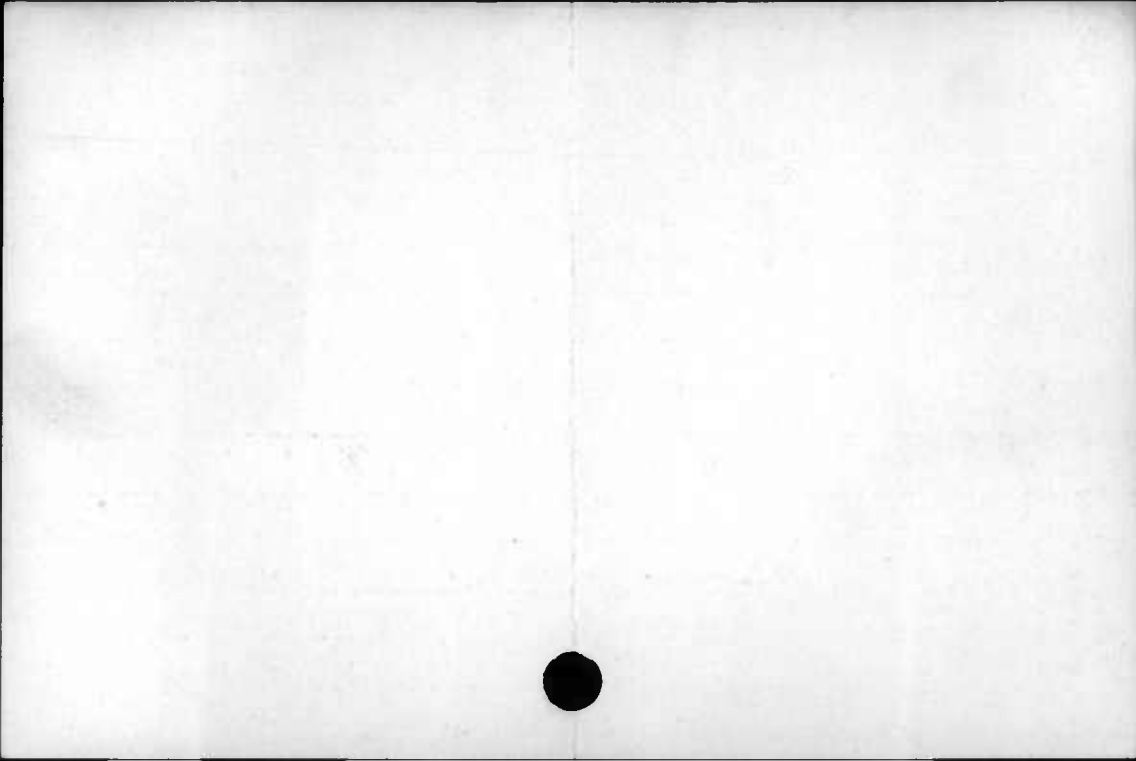
Primary Accident (B+O-Fell 75 ft) How long —

Immediate Cerebral haemorrhage How long Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician L. G. Taylor

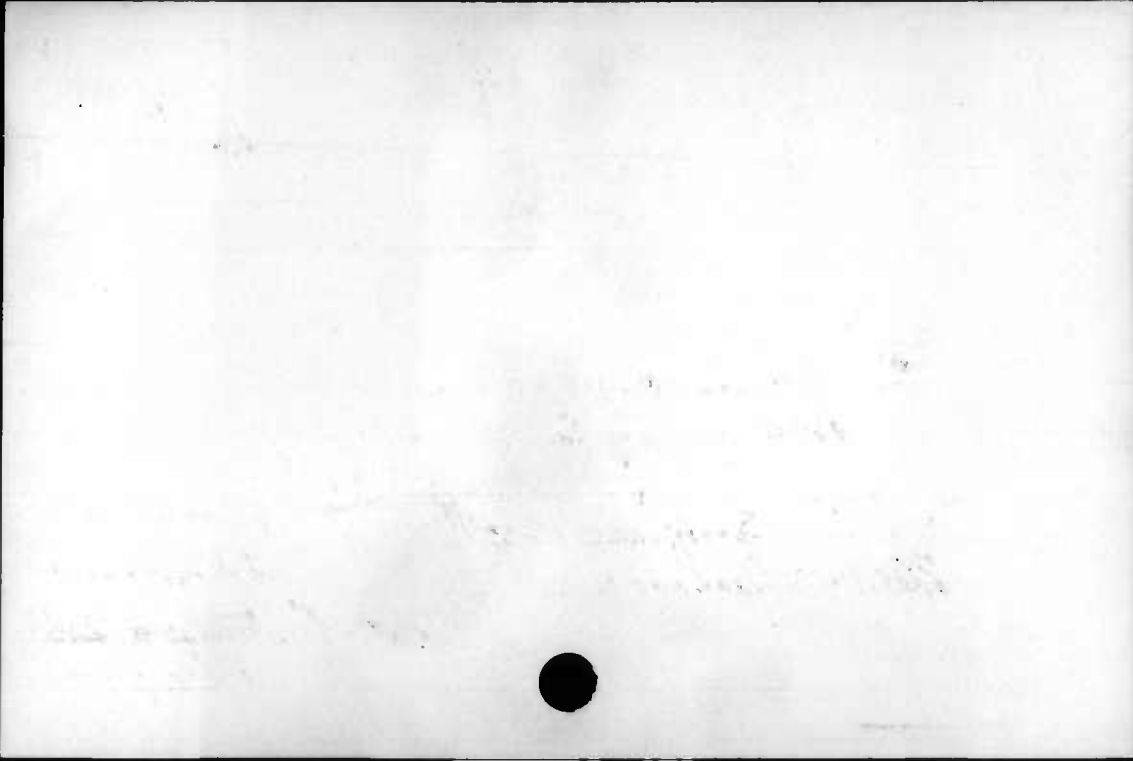
Address Perryville, Md.

Accident or Suicide? Accident. Frank Taylor Coroner





Name in Full		Thomas Fisher				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		5	5			3	
Sex		Color or Race		Birth-place			
Male		Black		Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Al Fisher				Pa			
Mother's Maiden Name				Mother's Birthplace			
Susan Taylor				Md			
Name of person giving information				How related to deceased			
Father							
CAUSES OF DEATH							
179							
Primary		Sanction				How long	
						all its life	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				John H. Jones			
				Address			
				Residence			
Accident or Suicide?							



Name in Full <i>Helena M. Lugg</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Andora</i> Town		County <i>Cecil</i>
	Date of death <i>1908</i> Month <i>May</i> Day <i>24</i> Age <i>8</i> Years		Months <i>6</i> Days <i>24</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co Md</i>
	Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>	
	Married, Single or Widowed	Name of Wife or Husband <i>—</i>	
	Father's Name <i>Frank Lugg</i>	Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Annice M. Scarborough</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank Lugg</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">30</span>			
PHYSICIAN OR CORONER	Primary <i>Potts' Disease</i>	How long <i>1 Year</i>	
	Immediate <i>Tubercular Meningitis</i>	How long <i>10 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Corries M.D.</i>	
		Address <i>Cherry Hill, Md.</i>	
Accident or Suicide? <i>—</i>			

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Name  
in  
Full

Ralph H. Hamilton

## CERTIFICATE OF DEATH

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NEAREST FRIEND

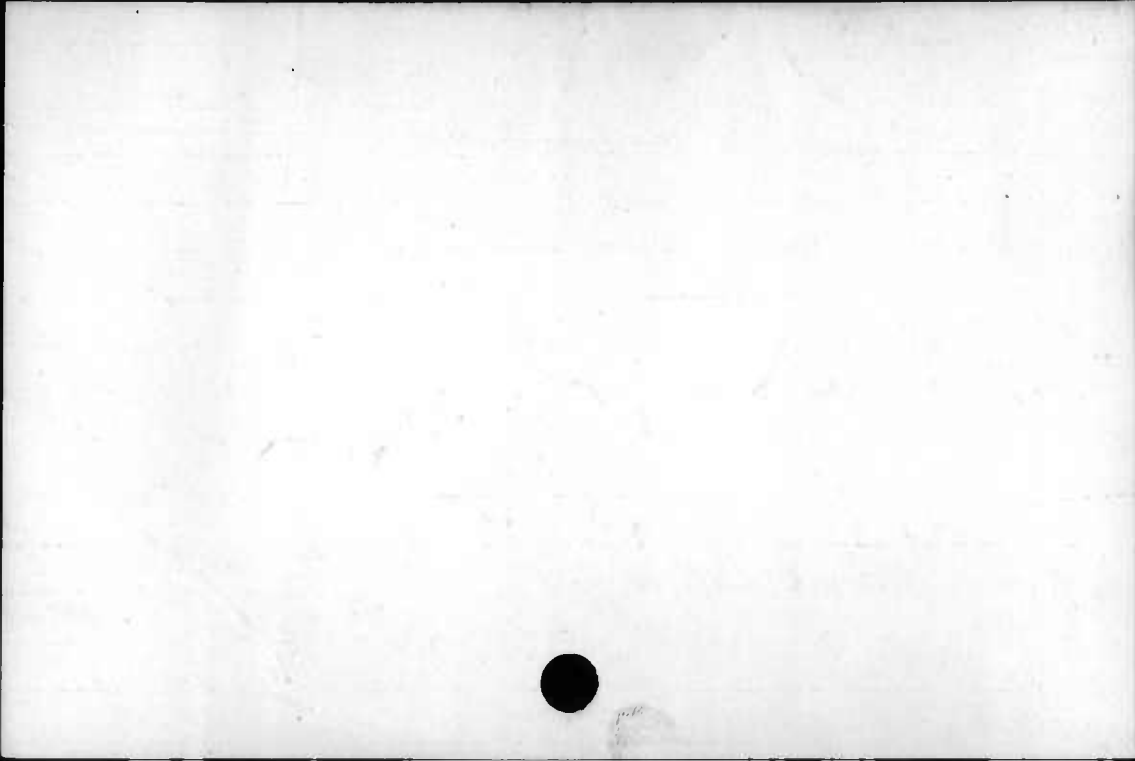
Died at <u>North East</u> Town		<u>Leslie</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>May</u>	Day <u>20</u>	Age <u>18</u> Years	Months <u>5</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Leslie Ind.</u>		
Occupation <u>Carpenter</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>John H. Hamilton</u>			Father's Birthplace <u>Leslie Ind.</u>		
Mother's Maiden Name <u>Mary E. Biddle</u>			Mother's Birthplace <u>North East</u>		
Name of person giving information <u>Mary E. Hamilton</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Winter 1907</u>
Immediate <u>Cerebral Arteriosclerosis</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. A. Cantwell M.D.</u>
	Address <u>North East</u>
Accident or Suicide?	



Name  
in  
Full

Farmer Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *North East* Town*Cecil* CountyDate of death *1906* Month *May* Day *15*Age *- - -* Years

Months

Days

Sex *Male*

Color or Race

*Colored*

Birth-place

*North East Md*

Occupation

*none*

Where Residing if not at place of death

Married, Single or Widowed

*Single*

Name of Wife or Husband

Father's Name

*Joseph M Hammond*

Father's Birthplace

*Oxford Pa*

Mother's Maiden Name

*Rosie Holland*

Mother's Birthplace

*Cherry Hill Md*

Name of person giving information

*Joseph M Hammond*

How related to deceased

*Father*

## CAUSES OF DEATH

Primary

*Died at birth*

How long

**(151)**

Immediate

*Don't know*

How long

*6*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

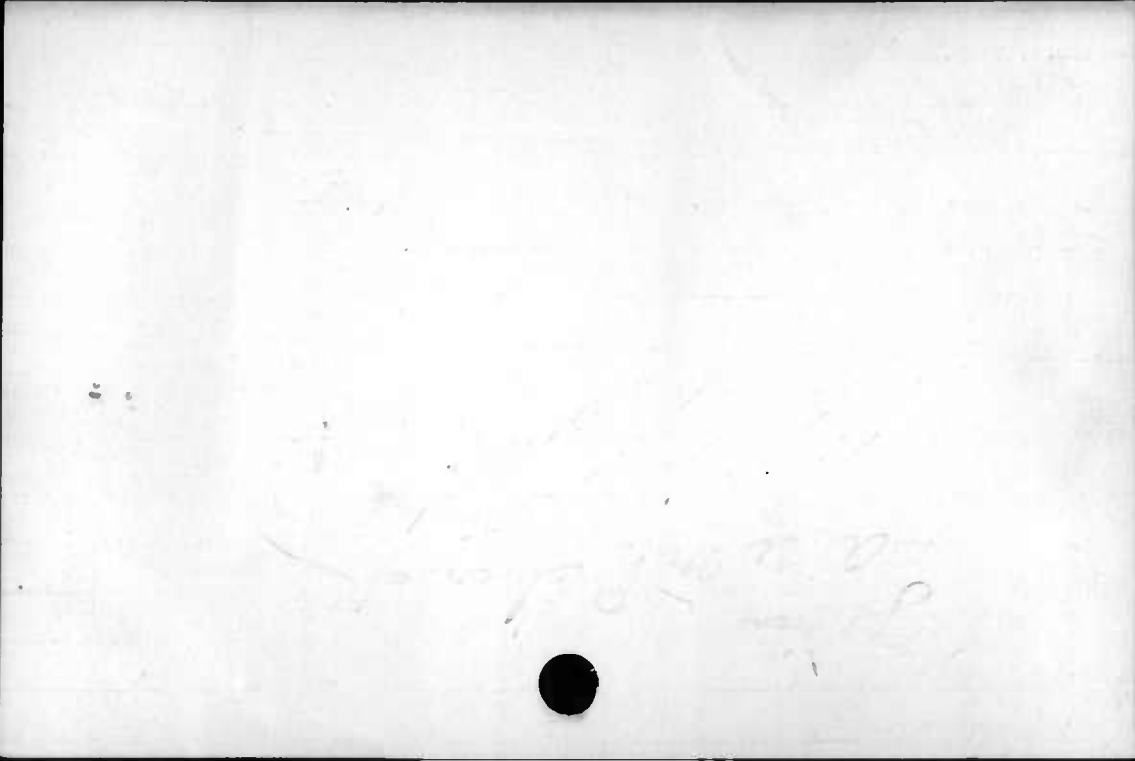
*L F Hamrick*

Address

*North East**Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Beasar A. Laine*

Died at *Port Deposit* Town  *Cecil*  County

Date of death *1908* Month *May* Day *28th* Age *55* Years Months Days

Sex *male* Color or Race *Colored* Birth-place *Port Deposit*

Occupation *Laborer* Where Residing if not at place of death

Married, ~~Single~~ *married* or Widowed Name of Wife or Husband *Annie Laine*

Father's Name *Thomas Laine* Father's Birthplace *Unknown*

Mother's Maiden Name *Caroline Miller* Mother's Birthplace *Maryland*

Name of person giving information *Annie Laine* How related to deceased *wife*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Bronchitis & Asthma* How long *2 Yrs*

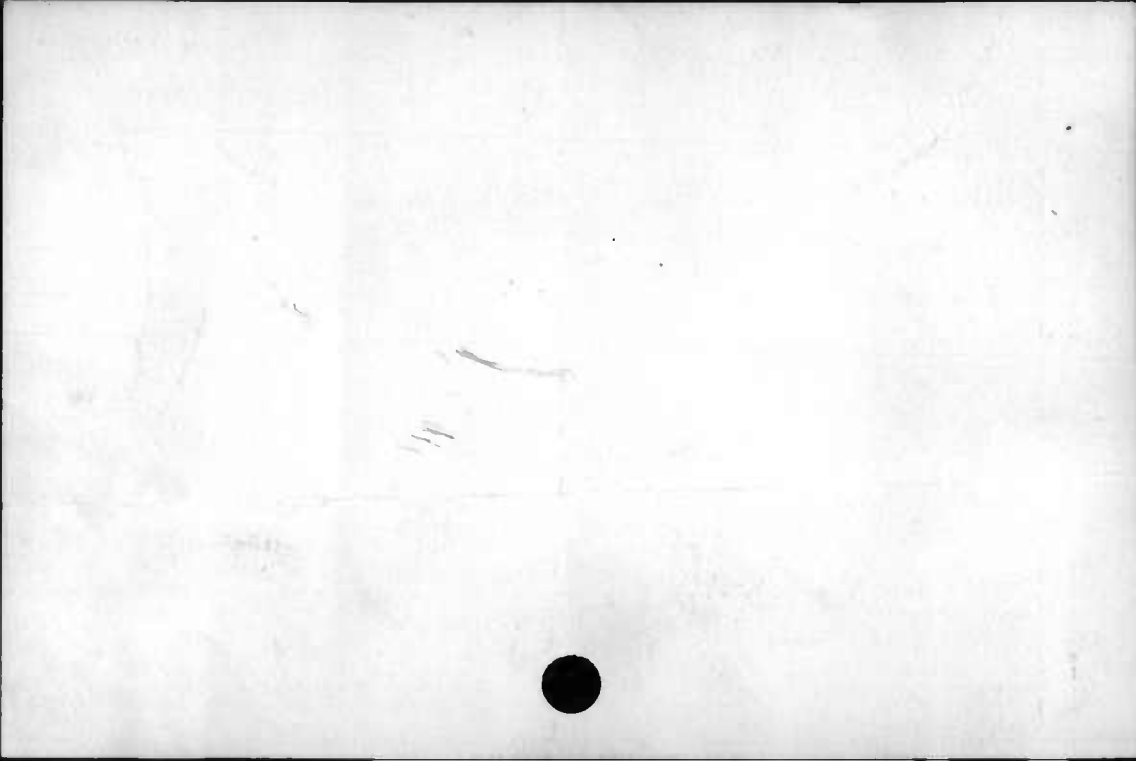
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. G. Jack M.D.*

Address *Liberty Green Md.*

Accident or Suicide? *No*



Name  
in  
Full

Rachel Ann Lovless

## CERTIFICATE OF DEATH

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NEAREST FRIEND

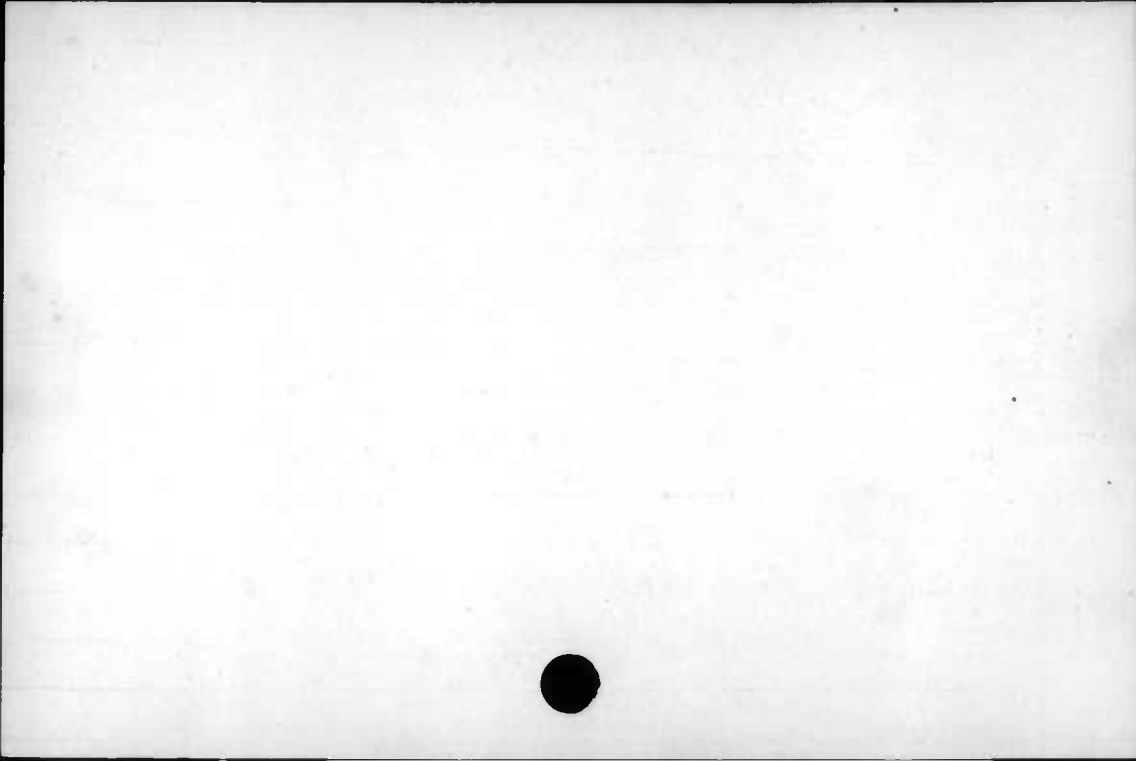
Died at <i>Chesapeake City</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death 190 <i>8</i>		Month <i>May</i>	Day <i>20</i>	Age <i>65</i>	Years	Months <i>4</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lawrence</i>					
Occupation <i>Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lovless</i>					
Father's Name <i>Johnathan Garner</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>Lucie Garner</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>Rachel Lovless</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

(69)

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>several years</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J Jackson Conner</i>
	Address <i>Chesapeake City</i>
Accident or Suicide?	



Name in Full		Geo. A. Owens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Port Deposit		Cecil		MARYLAND	
	Date of death	1908	Month 5	Day 15	Years 1	Months 5	Days -
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	-		Where Residing if not at place of death		-	
	Married, Single or Widowed	Single		Name of Wife or Husband		-	
PHYSICIAN OR CORONER	Father's Name	Geo. Owens				Father's Birthplace	Ind.
	Mother's Maiden Name	Daisy Tilden				Mother's Birthplace	Ind.
	Name of person giving information	Geo Owens				How related to deceased	Father
	CAUSES OF DEATH						27
	Primary	Pulmonary Tuberculosis				How long	6 months
Immediate	Exhaustion				How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Ernest S. Rowland	
				Address		Liberty Grove Ind.	
Accident or Suicide?							

1880. N. H. A.

1880. N. H. A.

1880. N. H. A.

Name  
in  
Full

## CERTIFICATE OF DEATH

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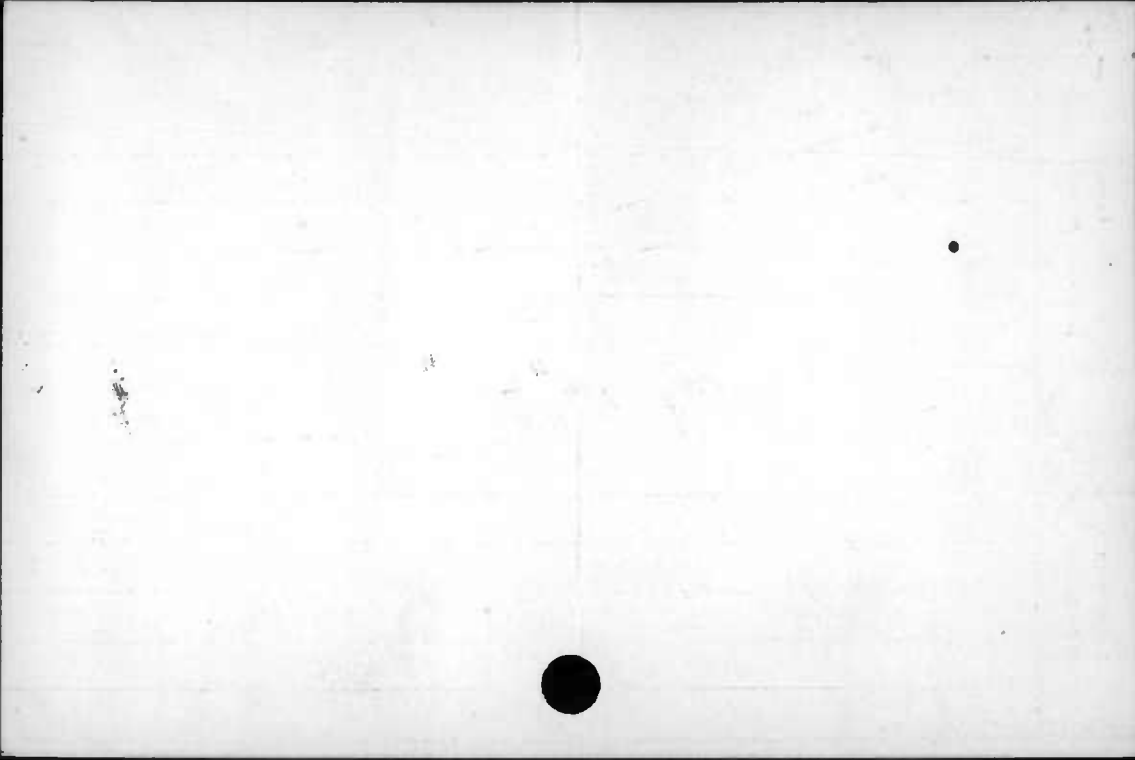
Name of Deceased <i>James D Reed</i>		Town <i>Near Cecil</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>1908</i>		<i>3</i>		<i>3</i>		<i>1</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind-</i>		Days	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Y. Reed</i>		Father's Birthplace <i>Ind-</i>		Mother's Maiden Name <i>Ida Hogans</i>			
Mother's Name <i>Ida Hogans</i>		Mother's Birthplace <i>Ind-</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>John Y Reed</i>							

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>14 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. B. Locke</i>
	Address <i>Cecilton, Ind.</i>
Accident or Suicide?	





Name

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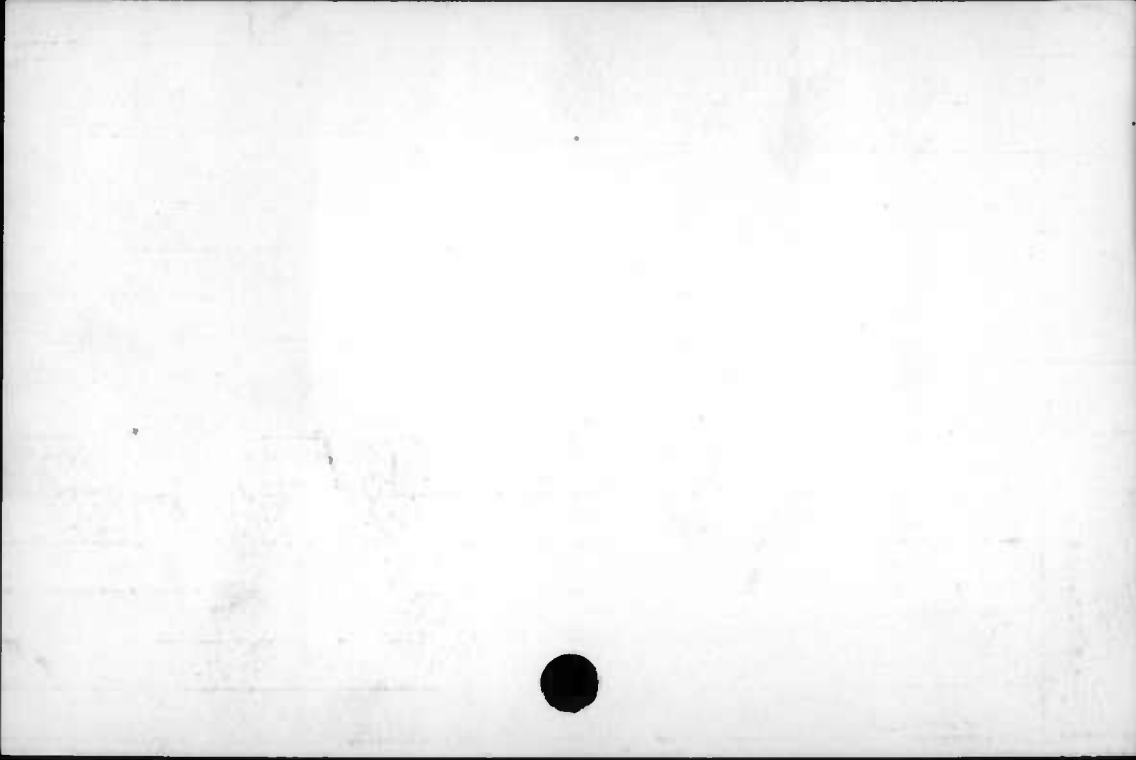
Died at <i>near Port Deposit</i>		Town <i>near Port Deposit</i>		County <i>Calver</i>		MARYLAND	
Date of death	1908	Month	5	Day	24	Age	57
Sex	Male		Color or Race	White		Birth-place	Pa.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary A. Rineer			
Father's Name	Joseph Rineer					Father's Birthplace	Pa.
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Mary Rineer					How related to deceased	Wife

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Thelphitis</i>		How long	<i>Indefinite</i>
Immediate	<i>Uraemia &amp; Pulmonary Oedema</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>W. G. Jack MD</i>
			Address	<i>Liberty Grove Md.</i>
Accident or Suicide?	No			



Name  
in  
Full

Wm Penn Shade

## CERTIFICATE OF DEATH

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NEAREST FRIEND

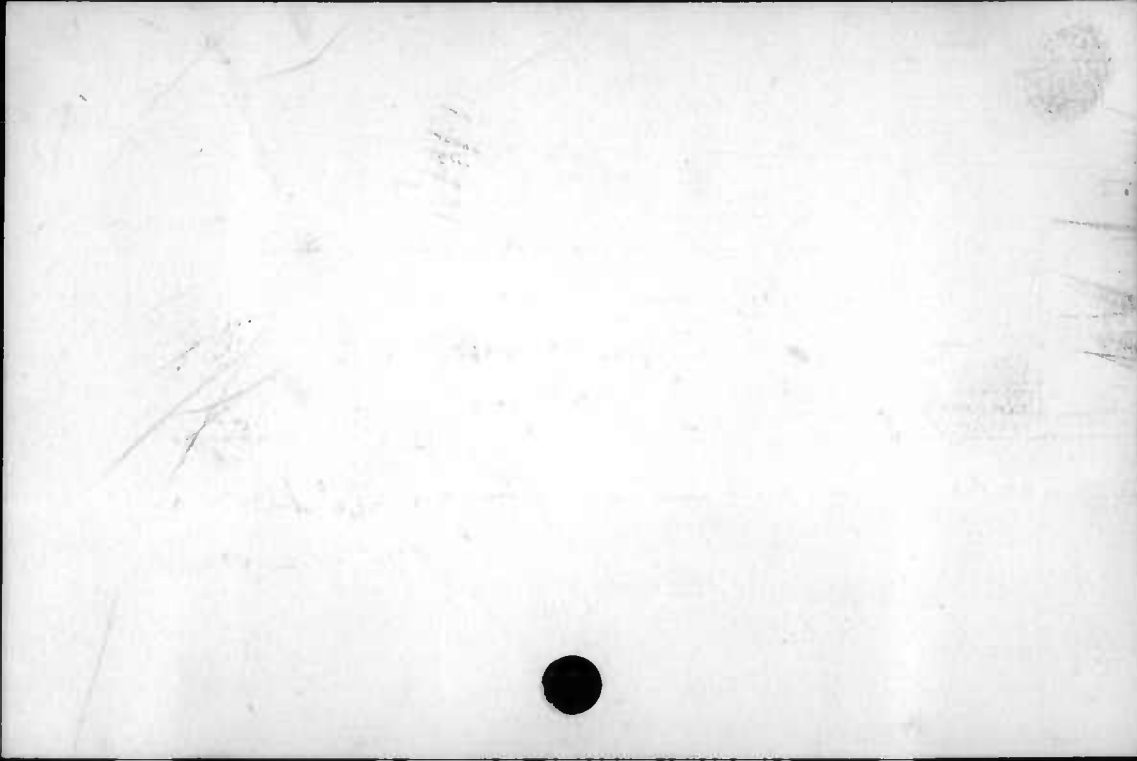
Died at <i>Rising Sun</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>25</i>	Age <i>79</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Librarian</i>		Where Residing if not at place of death <i>Rising Sun</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary A Shade</i>				
Father's Name <i>George Shade</i>	Father's Birthplace <i>Baltimore</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Hannah Keys</i>	How related to deceased <i>wife</i>				
Name of person giving information <i>Mary A. Shade</i>					

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>Many years</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>
	Address <i>Rising Sun</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

Elizabeth Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elkton</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>7</u>	Age <u>75</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>House work</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>Elizabeth Short</u>			
Father's Name <u>Benz Milbourn</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>md</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<u>apoplexy</u>	How long	
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Wm. D. Cawley</u>
		Address	<u>Elkton</u>
Accident or Suicide?			<u>md.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

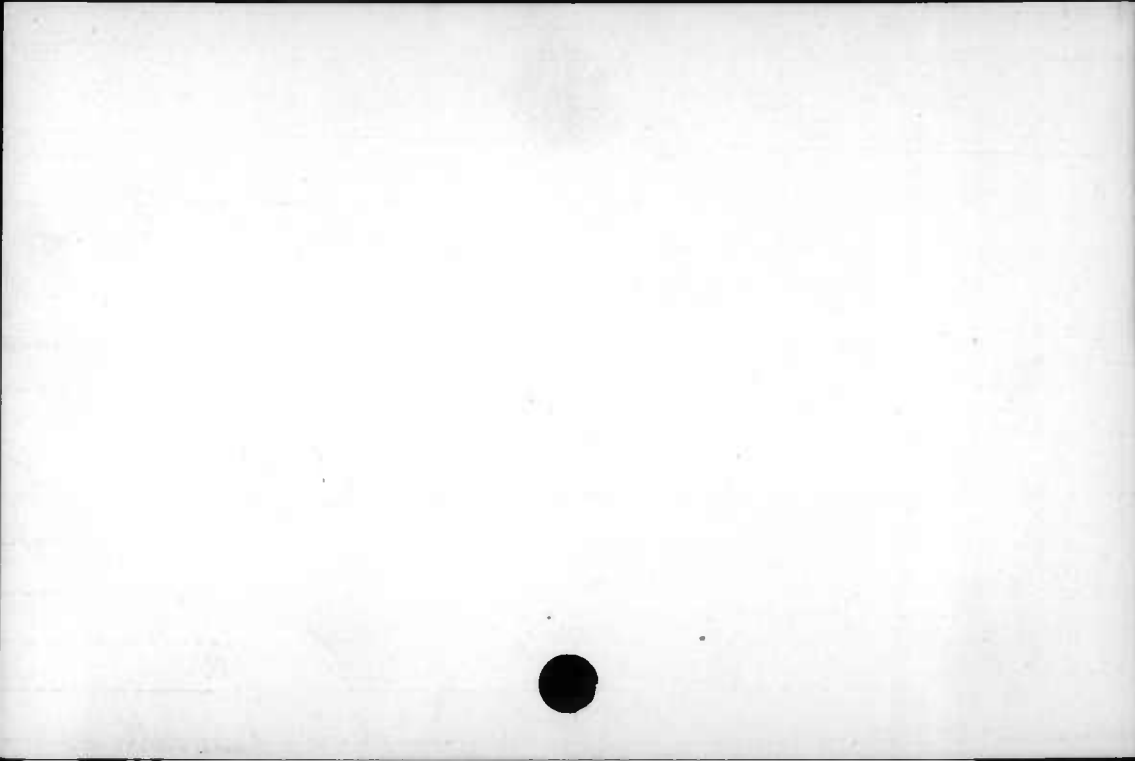
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leslie</i> <sup>town</sup>		County <i>Cecil</i>		MARYLAND	
Date of death	1908	Month <i>5</i>	Day <i>9</i>	Age <i>Unknown</i>	Years <i>Unknown</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Unknown</i>		Where Residing if not at place of death	
Occupation <i>Tramp</i>		Name of Wife or <i>Unknown</i>			
Married, Single or Widowed		Father's Name <i>Unknown</i>			
Father's Name		Father's Birthplace <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>	
Mother's Maiden Name		Mother's Birthplace <i>Unknown</i>		How related to deceased	
Name of person giving information		166			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Struck by Cars</i>	How long
Immediate <i>yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank Frazer</i>
	Address <i>Exton,</i>
Accident or Suicide? <i>Accident</i>	





Name  
in  
FullAlice Elizabeth - Taylor  
Elkton Town Cecil County

## CERTIFICATE OF DEATH

Died at

Elkton

MARYLAND

Date

of death 1908

Month

5

Day

7

Age

Years

—

Months

—

Days

28

Sex

female

Color or  
Race

white

Birth-  
place

Elkton Md.

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Warner Taylor

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mabel Ashen

Mother's  
Birthplace

Pennsylvania

Name of person giving  
Information

Mabel Ashen

How related  
to deceased

Mother

## CAUSES OF DEATH

8

Primary

Whooping Cough

How long

1 wk

Immediate

Calculated Pneumonia

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Horton Mitchell

Address

Elkton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

